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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **NANO-001/13US** Total Pages

First Named Inventor or Application Identifier

Charles H. Moore et al.

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (1 pg)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification (Total Pages **56**)
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC 113) (Total Sheets **19**)
4. Oath or Declaration (Total Pages **3**)
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
(Note Box 5 below)
 - ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Small Entity ☐ Statement filed in prior application
Statement(s) ☐ Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☒ Other: **Check 31269 for \$872.00**

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
- ☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: **08, 484, 918**

18. CORRESPONDENCE ADDRESS

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="font-size: small; margin: 5px 0;">Note: Effective October 1, 1997. Patent fees are subject to annual revision.</p>	<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Charles H. Moore et al.</td></tr> <tr><td>Group Art Unit</td><td>2784 (in parent case)</td></tr> <tr><td>Examiner Name</td><td>D. Eng (in parent case)</td></tr> <tr><td>Attorney Docket Number</td><td>NANO-001/13 US</td></tr> </table>	Application Number		Filing Date		First Named Inventor	Charles H. Moore et al.	Group Art Unit	2784 (in parent case)	Examiner Name	D. Eng (in parent case)	Attorney Docket Number	NANO-001/13 US
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<p>METHOD OF PAYMENT (check one)</p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <u>03-3117</u></p> <p>Deposit Account Name: <u>Cooley Godward LLP</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>FEE CALCULATION</p> <p>1. 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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Willis E. Higgins			Reg. Number	23,025
Signature	Willis E. Higgins			Date	Deposit Account User ID
					03-3117

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03-3117-0299